



System-of-Care Evaluation Brief

Caregiver Reports of Changes in Educational Experiences of Their Children

Children with serious emotional disturbance receiving services through system-of-care communities supported by the Center for Mental Health Services' (CMHS) Comprehensive Community Mental Health Services for Children and Their Families Program have often experienced difficulties in school. Many children entering services have been diagnosed with attention-deficit/hyperactivity disorder (ADHD), disruptive behavior disorders, and mood disorders that may impact school attendance, school performance, and accomplishment of school-related tasks. Engaging in and spending time on academic tasks are particularly relevant to achievement at school (McEvoy & Welker, 2000).

System-of-care programs emphasize the engagement of service providers across the various child-serving sectors, including schools, to provide services tailored to the individual needs of a child. Providing appropriate supports and services to children and families is intended to promote positive functioning for children across life domains, including school functioning. Consequently, one set of desirable outcomes for children served by systems of care is improvements in children's behaviors and performance in educational settings.

In the national evaluation of this program, caregivers of children receiving services are asked questions about their children's school attendance and performance, as well as disciplinary actions experienced during the previous 6-month period. In addition, caregivers are asked to report about their children's behavioral and emotional strengths using the Behavioral and Emotional Strength Scale (BERS; Epstein & Sharma, 1998). These questions are asked when children enter services, and every 6 months thereafter for up to 36 months.

Characteristics of Children

In the 23 communities funded by CMHS in 1997 and 1998, educational information was obtained at intake, 6 months, and 12 months for 500 children who averaged 12 years in age and were mostly boys (69%). Almost half (48%) had multiple diagnoses across the spectrum of behavior and mood disorders. Over one-third were diagnosed with ADHD (38%), 28% with mood disorders or depression, 28% with an oppositional defiant disorder, and 15% with a conduct or disruptive behavior disorder.

System-of-Care Evaluation Briefs report findings from the National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program funded by the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration. The Program provides six-year grants to states, political subdivisions of states, American Indian Tribes, tribal organizations, and territories to support the development of community-based systems of care for children with serious emotional disturbance and their families. Systems of care are developed using an approach that emphasizes integration of services through collaborative arrangements between child-serving sectors such as education, child welfare, juvenile justice, and mental health; youth and family caregiver participation; and cultural and linguistic competence of services. The Briefs are published monthly and are sponsored by the Child, Adolescent and Family Branch of the federal Center for Mental Health Services.



**National Evaluation
Comprehensive Community Mental Health
Services for Children and Their Families Program**

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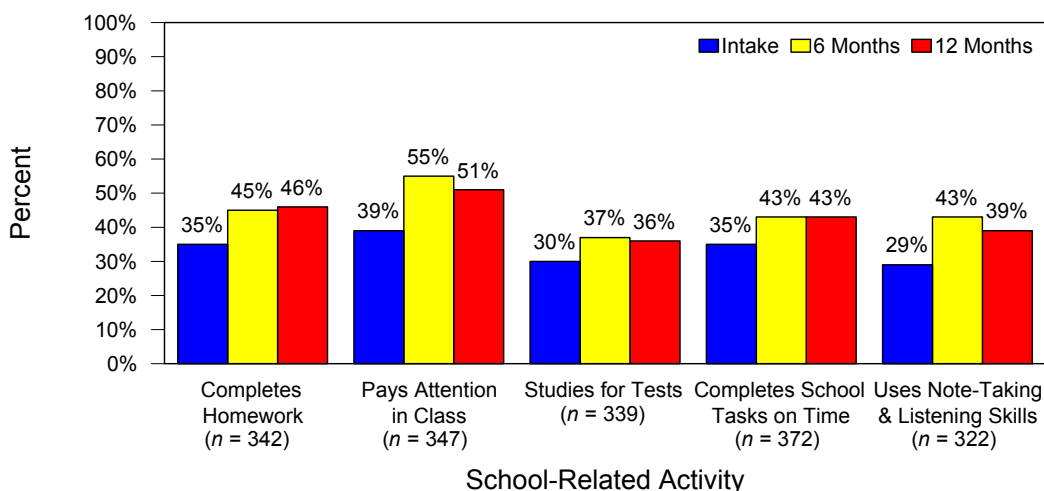
Volume 3, Issue 3
December 2001

School Behaviors

Caregivers reported increases in positive school-related behaviors, as well as decreases in negative behaviors. When caregivers rated their children's school-related strengths using the BERS, children were more likely to be described as completing their homework, paying attention in class, studying for tests, completing school tasks on time, and using note-taking and listening skills at school at 6 months. Although additional increases at 12 months did not occur, the earlier increases from intake to 6 months were maintained (see Figure 1).

Figure 1

Percentage of Caregivers Reporting that School-Related Behaviors Are Like Their Child at Intake, 6 Months, and 12 Months



The percentage of children who were sent to detention over a 6-month period prior to an assessment fell from 37% at intake to 29% at 12 months. The percentage of children who were suspended from school decreased from 41% to 30%, and those children who were expelled fell by more than half from 9% to 4% (see Figure 2).

School Attendance

After 6 months in system-of-care services, caregivers reported a 21% increase in regular attendance by their children (see Figure 3). Caregivers also reported a decrease in the percentage of children with two or more

Figure 2

Disciplinary Actions at Intake, 6 Months, and 12 Months

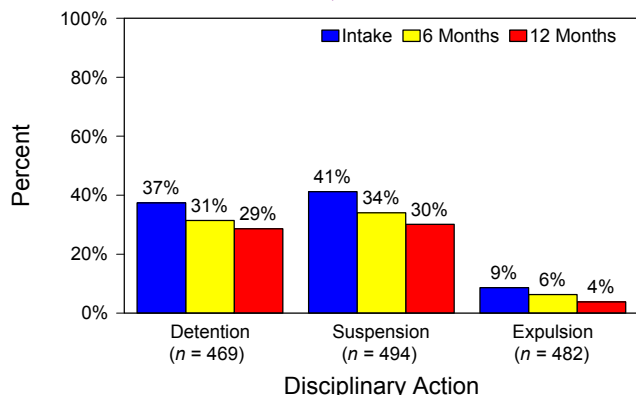
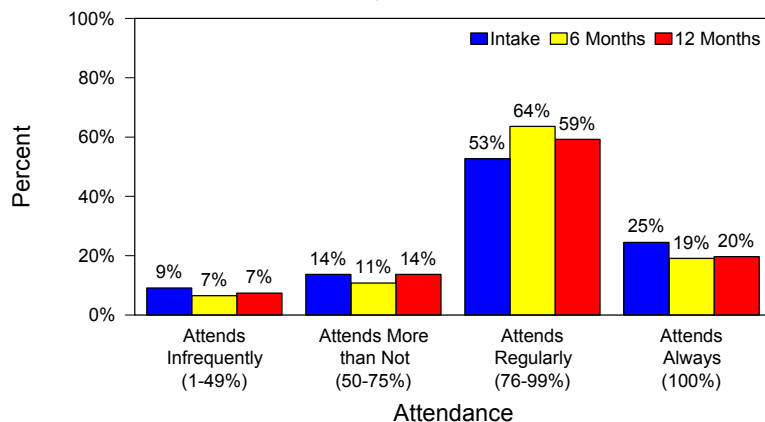


Figure 3

School Attendance at Intake, 6 Months, and 12 Months



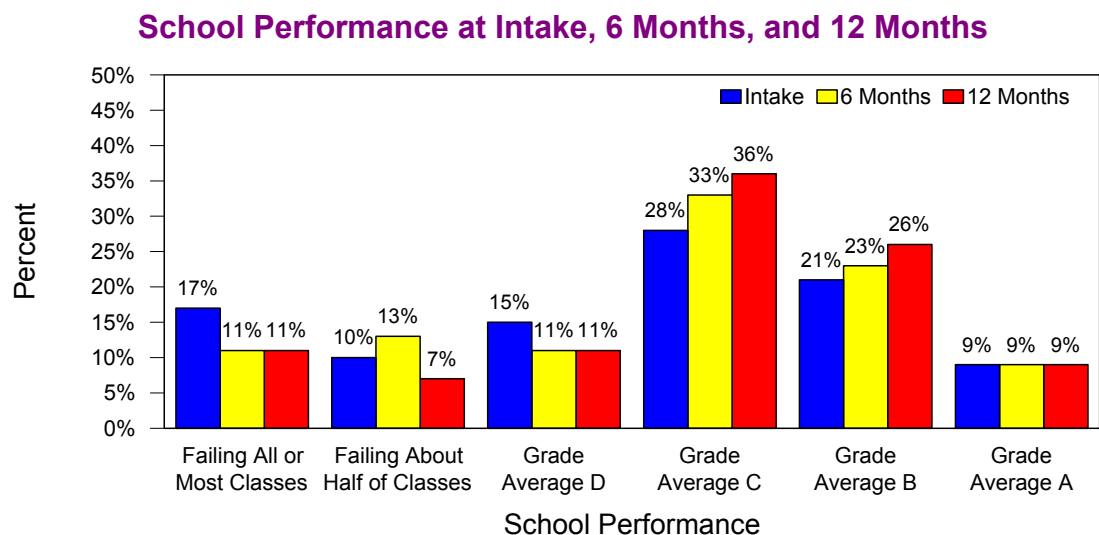
Number of children = 461.

absences per week, from 16% at intake to 12% at 6 months, as well as a decrease in the number of unexcused absences, from an average of six in the 6 months prior to service intake to three in the first 6 months of services. The reduction in frequent absences was maintained at 12 months; however, unexcused absences increased to an average of five absences at 12 months. Similarly, improved rates of regular attendance fell somewhat at 12 months.

School Performance

Although positive behaviors and attendance did not continue to increase, children continued to make strides in their school performance at 12 months (see Figure 4). For those children who received grades in school, caregivers reported increases in average and above average grades at both 6 months and 12 months. They also reported that fewer children were failing half or more of their classes at 6 months and 12 months.

Figure 4



Number of children = 396.
 Seven (1.5%) out of 442 children reported having no grade at intake, 15 (3.3%) out of 442 children reported having no grade at 6 months, and 27 (6.1%) out of 442 children reported having no grade at 12 months.

Summary

Children in systems of care show improved engagement with school, decreased behavioral problems, and fewer disciplinary actions at school. A broad range of emotional and behavioral problems may impact school attendance and school performance, and children with serious emotional disturbance such as those served by system-of-care services generally experience difficulties across multiple life areas. Multiple factors, including school and home environments, can impact school performance and behavior (McEvoy & Welker, 2000). By bringing together families, school personnel, mental health providers, and other services or supports important for a particular child or family, systems of care are able to address multiple factors impacting a particular child and the child's family.

References:

Epstein, M. H., & Sharma, J. (1998). *The Behavioral and Emotional Rating Scale: A strengths-based approach to assessment*. Austin, TX: Pro-Ed.

McEvoy, A., & Welker, R. (2000). Antisocial behavior, academic failure, and school climate: A critical review. *Journal of Emotional and Behavioral Disorders*, 8(3), 130-140.

By bringing together families, schools, mental health providers, and other services or supports important to a particular child or family, systems of care are able to address multiple factors impacting a particular child and the child's family.

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